

EMERGENCY MEDICAL SERVICES AUTHORITY

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November 17, 2021

Ms. Kristin Weivoda, Emergency Medical Services Administrator
Yolo County Emergency Medical Services Agency
137 North Cottonwood Street, Suite 2601
Woodland, CA 95695

Dear Ms. Weivoda:

This letter is in response to Yolo County Emergency Medical Services (EMS) Agency's 2020 EMS plan submission to the EMS Authority on July 29, 2021.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before November 17, 2022. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Elizabeth Basnett'.

Elizabeth Basnett, EMEDM
Acting Director
Emergency Medical Services Authority

Enclosure

eb:lg

Yolo County 2020 EMS Plan Ground Exclusive Operating Areas		Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	ALS IFT	Standby Service with Transport Authorization	
ZONE	EXCLUSIVITY			TYPE			LEVEL							NOTES	
Yolo County		X	Competitive	X				X	X	X	X	X			

YOLO COUNTY EMS AGENCY

Emergency Medical Services System Plan

2020 Update



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EXECUTIVE SUMMARY

This plan represents the eight (8th) annual updates of the Yolo County Emergency Medical Services Agency (YEMSA) since initial approval of our EMS Plan in 2013. The agency's primary responsibilities are to plan, implement, and evaluate an Emergency Medical Services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

Health and Safety Code, Division 2.5, Section 1797.254, requires the Emergency Medical Services (EMS) Agency to submit an EMS Plan to the State EMS Authority and follow it with annual updates thereafter. Attached is the Yolo County FY 2019-2020 Annual Update which provides the required information on the status of our system and the EMS Agency's progress toward meeting long-range goals.

The Yolo County EMS system remained stable and continues to make progress toward achieving several of our systems' long-term goals. The EMS Agency continues to experience successful collaborations with key system partners including our ALS/BLS Fire First Responder Agencies, contracted ALS ambulance provider American Medical Response (AMR), and our receiving and specialty care centers, several of which are located within other EMS agency jurisdictions.

There have been no changes to the EMS plan or system due to the declared emergency with the COVID-19 Pandemic. Despite the pandemic changing our focus to response and mitigation, the Yolo County EMS Agency had the following accomplishments:

- The EMS Agency went out to competitive bid for a consultant to evaluate the system and help plan for the next EOA Ambulance Provider. Currently, the consultant is finishing up the system assessment which will be presented at the end of 2021. In 2022, the consultant will work with the EMS Agency and create specific ad-hoc groups to evaluate the systems willingness and ability to implement suggestions from the assessment.
- Used stated approved local optional scope for EMT's and Paramedics to support COVID Response with supporting staffing in Skilled Nursing and Long-Term Care Facilities, and COVID testing and vaccine administration.
- Created administrative guidelines and directives to support the EMS system during the pandemic, which included: modified patient care guidelines, assess and refer,
- Created a daily notification of known COVID-19 first responder exposures.
- Waived critical care transport staffing requirements of a paramedic being required in addition to the nurse, per the EOA contractual agreement.
- Increased staffing depth for the regional disaster medical health (RDMH) specialist role. Yolo County functions as the region IV RDMH and was able to do an emergency hire and bring on a second specialist to support the regional medical health responsibilities.
- Yolo County EMS Agency is responsible for maintaining the Medical Health Operational Area Coordinator (MHOAC) program and all 17 public health functions as stated in the EOM. This program is maintained 24/7, 365, with a rotating duty officer call schedule. The EMS Administrator operates as the designated MHOAC, that has oversight of the program

and its required functions. The EMS Administrator works in coordination with the Yolo County Public Health Officer. There is a dedicated phone number (530) 321-3620, and email address (emsdutyofficer@yolocounty.org) for this program.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES
SYSTEM ORGANIZATION AND MANAGEMENT

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X	X		
1.09 Inventory of Resources		X			
1.10 Special Populations		X			

System Organization and Management (continued)

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			X
Medical Direction:					
1.17 Medical Direction*		X	X		
1.18 QA/QI		X	X	X	X
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X	X		
1.21 Determination of Death		X	X		
1.22 Reporting of Abuse		X	X		
1.23 Interfacility Transfer		X	X		
Enhanced Level: Advanced Life Support:					
1.24 ALS Systems		X	X	X	X
1.25 On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X		X	X
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			X
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X		X	X

STAFFING/TRAINING

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Local EMS Agency:					
2.01 Assessment of Needs		X		X	
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training		X			
First Responders (non-transporting):					
2.05 First Responder Training		X	X		
2.06 Response		X			
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X	X		
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

COMMUNICATIONS

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Communications Equipment:					
3.01 Communication Plan*		X			
3.02 Radios		X			
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			
3.05 Hospitals		X			
3.06 MCI/Disasters		X	X	X	
Public Access:					
3.07 9-1-1 Planning/Coordination		X			
3.08 9-1-1 Public Education		X			
Resource Management:					
3.09 Dispatch Triage		X			
3.10 Integrated Dispatch		X			X

RESPONSE/TRANSPORTATION

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:						
4.01	Service Area Boundaries*		X			
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X	X		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X			
4.12	Disaster Response		X			
4.13	Intercountry Response*		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X	X		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	X		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			

FACILITIES/CRITICAL CARE

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

DATA COLLECTION/SYSTEM EVALUATION

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:					
6.01 QA/QI Program		X	X		
6.02 Pre-hospital Records		X			
6.03 Pre-hospital Care Audits		X			
6.04 Medical Dispatch		X			
6.05 Data Management System*		X			
6.06 System Design Evaluation		X			
6.07 Provider Participation		X		X	
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X			
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

PUBLIC INFORMATION AND EDUCATION

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

DISASTER MEDICAL RESPONSE

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X		X	
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Pre-hospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2020

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100 %.)

County: Yolo

A. Basic Life Support (BLS)	<u>0 %</u>
B. Limited Advanced Life Support (LALS)	<u>0 %</u>
C. Advanced Life Support (ALS)	<u>100 %</u>

2. Type of agency
 - a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) **Other: Health and Human Service Agency**
3. The person responsible for day-to-day activities of the EMS agency reports to
 - a) Public Health Officer
 - b) **Health Services Agency Director/Administrator**
 - c) Board of Directors
 - d) Other: _____
4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u></u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>X</u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>X</u>
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	<u></u>
Administration of disaster medical assistance team (DMAT)	<u></u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other: _____	<u></u>
Other: _____	<u></u>
Other: _____	<u></u>

Table 2: System Organization and Management (continued)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 549,930.33
Contract Services (e.g. medical director)	\$ 146,071.65
Operations (e.g. copying, postage, facilities)	\$ 39,438.96
Travel	\$ 8,156.25
Fixed assets	
Indirect expenses (overhead)	\$ 219,411.15
Ambulance subsidy	
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	
Training program operations	
Other: IT Systems	
Other: _____	
Other: _____	
TOTAL EXPENSES	\$ 963,008.34

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA - RDMH]	\$ 131,240.02
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund	
County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g., multi-county agencies)	
Certification fees	\$ 9,105.00
Training program approval fees	\$ 5,000.00
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	\$ 5,200.00
Trauma center application fees	
Trauma center designation fees	\$ 125,000.00
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type: STEMI	\$ 21,840.00
Other critical care center designation fees	
Type : Stroke	\$ 40,608.00
Ambulance service/vehicle fees	
Contributions	\$ 78,300.00
EMS Fund (SB 12/612)	
Other grants: _____	
Other fees: Penalties/Other Charges	\$ 448,100.00
Other (specify): Franchise Fee	\$ 300,000.00
TOTAL REVENUE	\$ 1,164,393.02

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.

Table 2: System Organization and Management (continued)

7. **Fee Structure**

☐ We do not charge any fees

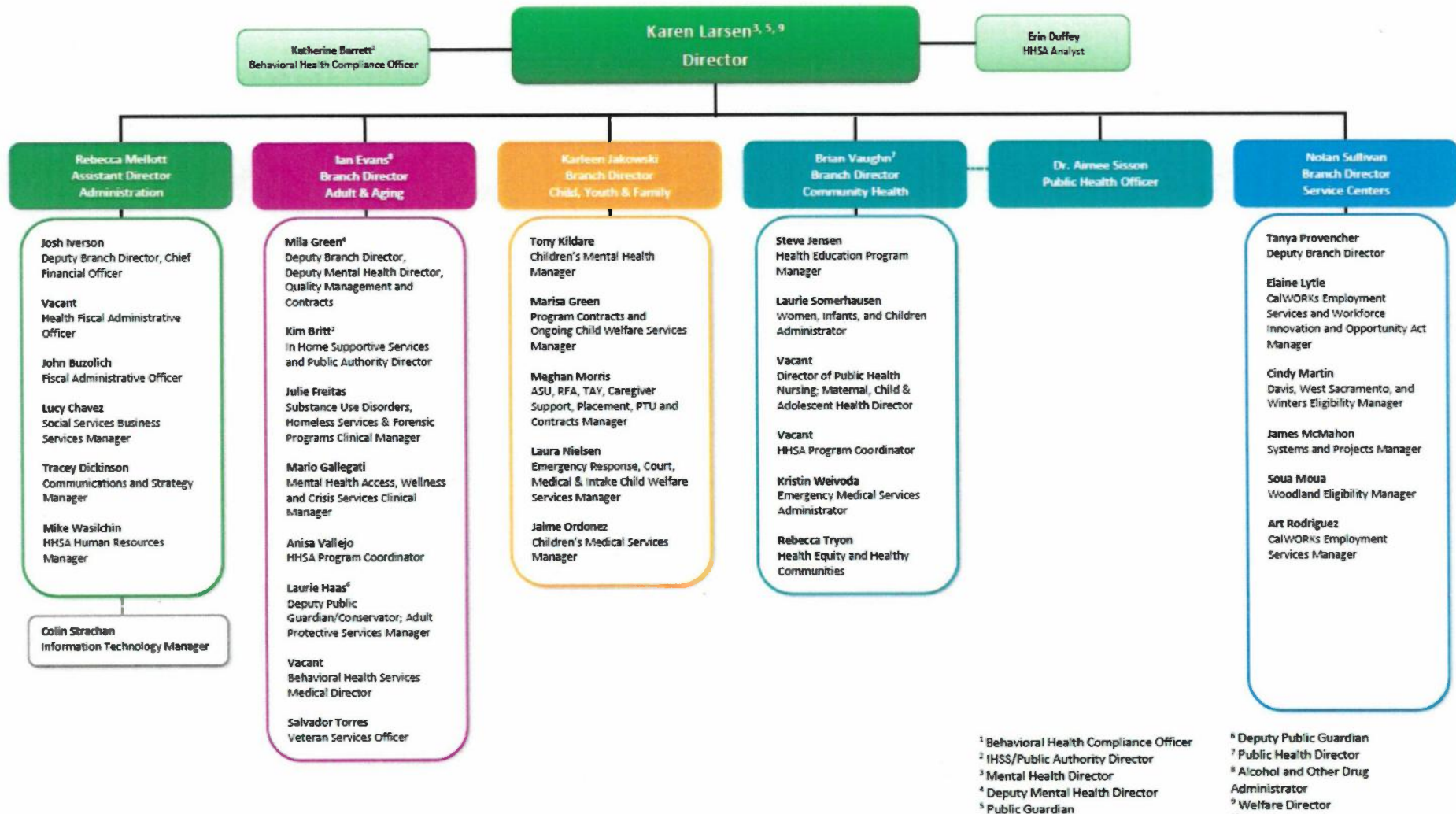
☒ Our fee structure is:

First responder certification	38.00
EMS dispatcher certification	
EMT-I certification	113.00
EMT-I recertification	75.00
EMT-defibrillation certification	
EMT-defibrillation recertification	
AEMT certification	
AEMT recertification	
EMT-P accreditation	53.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	
MICN/ARN recertification	
EMT-I training program approval	2,500
AEMT training program approval	
EMT-P training program approval	5,000
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	5,000
Trauma center application	
Trauma center designation	50,000/75,000
Pediatric facility approval	
Pediatric facility designation	
Other critical care center application	
Type: <u>STEMI</u>	7,000
Other critical care center designation	
Type: <u>Stroke</u>	5,000
Ambulance service license	
Ambulance vehicle permit	2,000
Other: BLS Ambulance Inspection	400
Other: ALS Ambulance Inspection	500
Other: CCT Ambulance Inspection	600

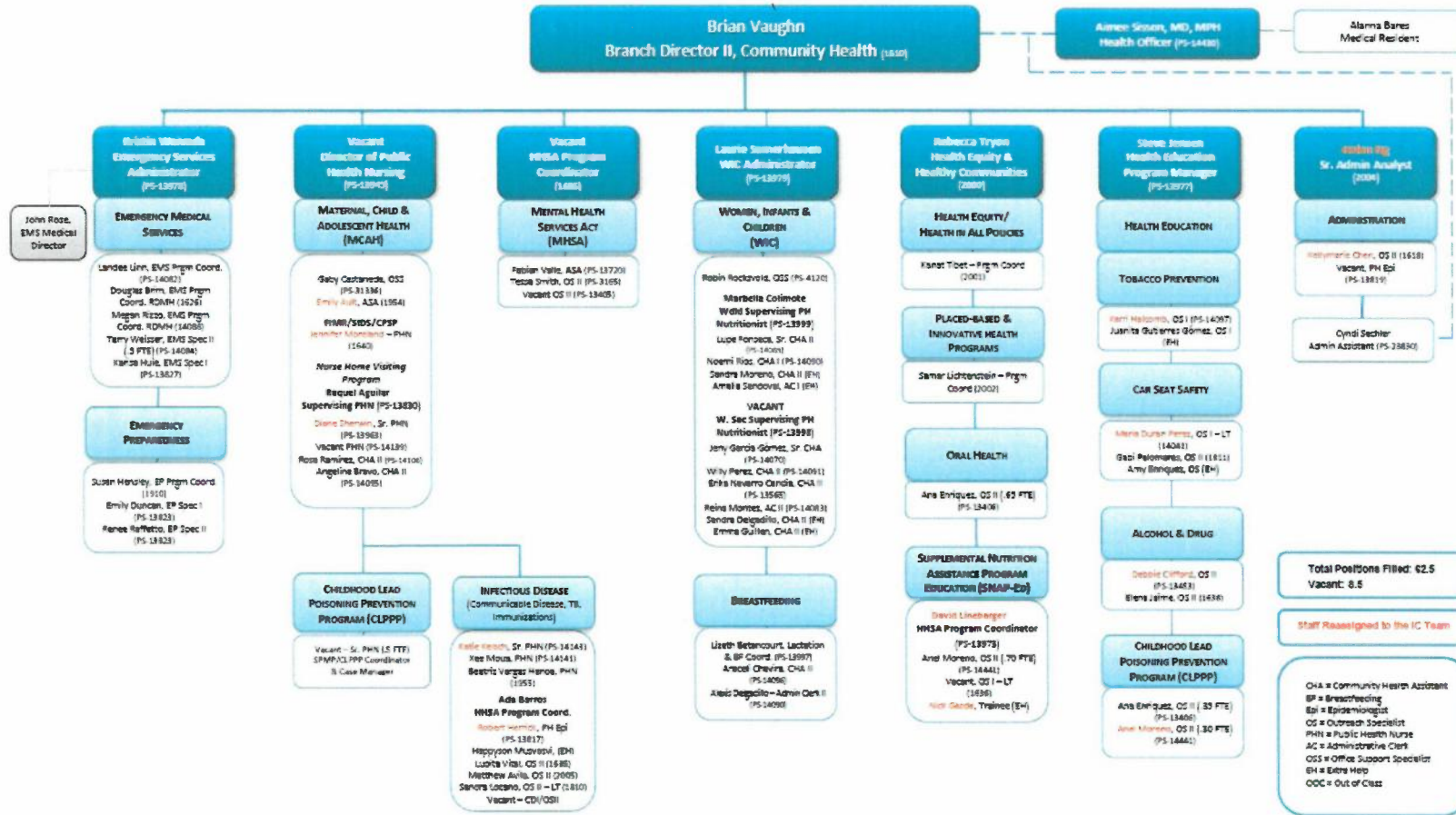
Table 2: System Organization and Management (continued)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of SALARY)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	65.71	35.19	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	3.0	42.79	41.32	
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director				Contracted
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	EMS Specialist I	0.7	33.74	33.94	
Other Clerical	EMS Specialist II	0.5	31.01	23.36	
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure



COMMUNITY HEALTH BRANCH ORGANIZATIONAL CHART



EMS-Staff-Organization-Chart

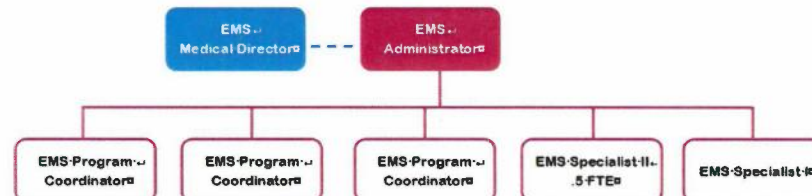


TABLE 3: STAFFING/TRAINING

Reporting Year: 2020

NOTE: Table 3 is to be reported by agency.

	EMT – Is	EMT - IIs	EMT - Ps	MICN
Total Certified	301	0		0
Number newly certified this year	131	0		0
Number recertified this year	170	0		0
Total number of accredited personnel on July 1 of the reporting year	301	0	120	0
Number of certification reviews resulting in:				
a) formal investigations	7	0		0
b) probation	4	0	0	0
c) suspensions	1	0	0	0
d) revocations	1	0		0
e) denials	1	0		0
f) denials of renewal	0	0		0
g) no action taken	2	0	0	0

1. Early defibrillation:
 - a) Number of EMT-I (defib) authorized to use AEDs 301
 - b) Number of public safety (defib) certified (non-EMT-I) 30
2. Do you have an EMR training program Yes

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: Yolo County

Reporting Year: 2020

- | | | |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | <u>2</u> |
| 2. | Number of secondary PSAPs | <u>1</u> |
| 3. | Number of dispatch centers directly dispatching ambulances | <u>2</u> |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. | Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. | Who is your primary dispatch agency for day-to-day emergencies?
<u>Yolo Emergency Communication Center & City of Davis Dispatch Center</u> | |
| 7. | Who is your primary dispatch agency for a disaster?
<u>Yolo Emergency Communication Center</u> | |
| 8. | Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. | Radio primary frequency <u>155.235</u> | |
| b. | Other methods <u>CALCORD, VHF, UHF</u> | |
| c. | Can all medical response units communicate on the same disaster communications system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. | Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. | Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | |
| 1) | Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) | Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2020

Note: Table 5 is to be reported by agency.

EARLY DEFIBRILLATION PROVIDERS

1. Number of EMT-Defibrillation providers 18

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Early defibrillation responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Advanced life support responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Transport Ambulance	8 minutes**	15 minutes**	30 minutes**	8 minutes**

* No standardized response guidelines or data collection

** Based on exclusive operating agreement

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2020

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1096</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>763</u>
3. Number of major trauma patients transferred to a trauma center	<u>88</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>147</u>

Emergency Departments

1. Total number of emergency departments	<u>2</u>
2. Number of referral emergency services	<u>0</u>
3. Number of standby emergency services	<u>0</u>
4. Number of basic emergency services	<u>2</u>
5. Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>15</u>
2. Number of base hospitals with written agreements	<u>1</u>

TABLE 7: DISASTER MEDICAL

Reporting Year: 2020

County: Yolo County

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? High schools, middle schools, churches, fairgrounds, UC Davis
 - b. How are they staffed? DHV, Red Cross, PH staff, EMS, volunteers
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 7
3. Have you tested your MCI Plan this year in a:
 - a. Real Event? ☒ Yes ☐ No
 - b. Exercise? ☐ Yes ☒ No

Table 7: Disaster Medical (continued)

4. List all counties with which you have a written medical mutual aid agreement:
Sacramento, Solano, Colusa, Sutter Napa
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Department of Health Services
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 8: RESPONSE/TRANSPORTATION/PROVIDERS

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: Yocha Dehe Fire Department Response Zone: Moderate

Address: 14170 Golf Course Drive Number of Ambulance Vehicles in Fleet: 0
Brooks, CA 95606

Phone Number: 530-796-2500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** U.C. Davis Fire Department **Response Zone:** High & Moderate

Address: 1 Shields Ave **Number of Ambulance Vehicles in Fleet:** 0
Davis, CA 95616

Phone **Average Number of Ambulances on Duty**
Number: 530-752-1236 **At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: City of Davis Fire Department Response Zone: High, Moderate, & Low

Address: 530 Fifth Street Number of Ambulance Vehicles in Fleet: 0
Davis, CA 95616

Phone Number: 530-757-5684 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Willow Oak Fire Protection District **Response Zone:** High & Moderate

Address: 18111 County Road 94B **Number of Ambulance Vehicles in Fleet:** 0
Woodland, CA 95695

Phone **Average Number of Ambulances on Duty**
Number: 530-662-0781 **At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Yolo Fire Protection District **Response Zone:** High & Moderate

Address: 37720 Sacramento Street **Number of Ambulance Vehicles in Fleet:** 0
Yolo, CA 95697

Phone **Average Number of Ambulances on Duty**
Number: 530-662-0566 **At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Knights Landing Fire Protection Dist **Response Zone:** Moderate & Low

Address: 42115 Sixth Street **Number of Ambulance Vehicles in Fleet:** 0
Knights Landing, CA 95645

Phone Number: 530-735-6409 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County	Provider: Zamora Fire Protection District	Response Zone: Moderate, Moderate-Low & Low
Address: 33715 1 st Street Zamora, CA 95698	Number of Ambulance Vehicles in Fleet:	0
Phone Number: 530-662-8892	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Dunnigan Fire Protection District **Response Zone:** Moderate-Low & Low

Address: 29145 Main Street **Number of Ambulance Vehicles in Fleet:** 0
Dunnigan, CA 95937

Phone Number: 530-724-3515 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Madison Fire Protection District **Response Zone:** High & Moderate

Address: 17880 Stephens Street **Number of Ambulance Vehicles in Fleet:** 0
Madison, CA 95653

Phone Number: 530-662-5745 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Esparto Fire Protection District **Response Zone:** Moderate & Low

Address: 16960 Yolo Ave. **Number of Ambulance Vehicles in Fleet:** 0
Esparto, CA 95627

Phone Number: 530-787-3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Capay Valley Fire Protection District **Response Zone:** Moderate & Low

Address: 7447 State Highway 16 **Number of Ambulance Vehicles in Fleet:** 0
Brooks, CA 95637

Phone **Average Number of Ambulances on Duty**
Number: 530-796-3300 **At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Winters Fire Department **Response Zone:** High, Moderate & Low

Address: 700 Main Street **Number of Ambulance Vehicles in Fleet:** 0
Winters, CA 95694

Phone **Average Number of Ambulances on Duty**
Number: 530-795-4131 **At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: West Plainfield Fire Protection Dis. Response Zone: Moderate

Address: 24901 County Road 95 Number of Ambulance Vehicles in Fleet: 0
Davis, CA 95616

Phone Number: 530-756-0212 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Clarksburg Fire Protection District **Response Zone:** Moderate & Moderate-Low

Address: 52902 Clarksburg Road **Number of Ambulance Vehicles in Fleet:** 0
Clarksburg, CA 95612

Phone Number: 916-744-1700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Elkhorn Fire District **Response Zone:** High, Moderate, & Low

Address: 19756 Old River Road **Number of Ambulance Vehicles in Fleet:** 0
West Sacramento, CA 95691

Phone **Average Number of Ambulances on Duty**
Number: 916-425-1766 **At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Woodland Fire Department **Response Zone:** High, Moderate, & Low

Address: 532 Court Street **Number of Ambulance Vehicles in Fleet:** 0
Woodland, CA 95695

Phone **Average Number of Ambulances on Duty**
Number: 530-661-5860 **At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** City of West Sacramento Fire Dept. **Response Zone:** High & Moderate

Address: 1110 West Capitol Ave. **Number of Ambulance Vehicles in Fleet:** 0
West Sacramento, CA 95691

Phone Number: 916-617-4608 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: CalFire Brooks Response Zone: Moderate

Address: 14023 Highway 16 Number of Ambulance Vehicles in Fleet: 0
Brooks, CA 95606

Phone Number: 530-796-3506 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** NorCal Ambulance **Response Zone:** IFT - BLS

Address: 1815 Stockton Blvd. **Number of Ambulance Vehicles in Fleet:** 1
Sacramento, CA 95816

Phone **Average Number of Ambulances on Duty**
Number: 530-796-3506 **At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

68 Total number of responses
0 Number of emergency responses
68 Number of non-emergency responses

48 Total number of transports
0 Number of emergency transports
48 Number of non-emergency transports

Air Ambulance Services

0 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

0 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** American Medical Response **Response Zone:** Yolo - Entire County

Address: 1041 Fee Drive **Number of Ambulance Vehicles in Fleet:** 19
Sacramento, CA 95815

Phone Number: 916-563-0615 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

22,718 Total number of responses
17,990 Number of emergency responses
4,728 Number of non-emergency responses

14,055 Total number of transports
964 Number of emergency transports
13,091 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Sacramento-Valley Ambulance **Response Zone:** IFT - BLS

Address: 6220 Belleau Wood Lane #4 **Number of Ambulance Vehicles in Fleet:** 2
Sacramento, CA 95822

Phone Number: 916-736-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

34 Total number of responses
0 Number of emergency responses
34 Number of non-emergency responses

26 Total number of transports
0 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Pro-Transport 1 **Response Zone:** IFT - BLS

Address: 191 Lathrop Way **Number of Ambulance Vehicles in Fleet:** 28
Sacramento, CA 95815

Phone Number: 916-922-5002 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

615 Total number of responses
0 Number of emergency responses
 _____ Number of non-emergency responses

611 Total number of transports
0 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

0 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

0 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County:	<u>Yolo County</u>	Provider:	<u>Sutter Health - AMR</u>	Response Zone:	<u>IFT - BLS</u>
Address:	<u>1041 Fee Dr.</u> <u>Sacramento, CA, 95815</u>	Number of Ambulance Vehicles in Fleet:	<u>18</u>		
Phone Number:		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	<u>10</u>		

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <div> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </div>	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

1,710	Total number of responses
21	Number of emergency responses
1,689	Number of non-emergency responses

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

<u>1,556</u>	Total number of transports
<u>6</u>	Number of emergency transports
1,550	Number of non-emergency transports

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** AlphaOne **Response Zone:** IFT - BLS

Address: 10461 Old Placerville Road **Number of Ambulance Vehicles in Fleet:** 7
Sacramento, CA, 95827

Phone **Average Number of Ambulances on Duty**
Number: 916-616-0310 **At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

52 Total number of responses
0 Number of emergency responses
52 Number of non-emergency responses

52 Total number of transports
0 Number of emergency transports
52 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: Medic Ambulance Response Zone: IFT - BLS

Address: 8689 Folsom Blvd Number of Ambulance Vehicles in Fleet: 27
Sacramento, CA, 95826

Phone Number: 916-564-9040 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

128 Total number of responses
15 Number of emergency responses
116 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
116 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

_____ Number of non-emergency responses

_____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: REACH Air Medical/CALSTAR Response Zone: All

Address: 4933 Bailey Loop Number of Ambulance Vehicles in Fleet: 5
McClellan, CA 95652

Phone Number: 916-421-4016 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

24 Total number of responses
24 Number of emergency responses
0 Number of non-emergency responses

24 Total number of transports
24 Number of emergency transports
0 Number of non-emergency transports

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Woodland Memorial Hospital Telephone Number: 530-406-5900
 Address: 1207 Fairchild Court
Woodland, CA 95695

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Yolo County**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Sutter Davis Hospital
Address: 2000 Sutter Place
Davis, CA 95616

Telephone Number: 530-756-6440

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Yolo County**Note:** Complete information for each facility by county. Make copies as needed.Facility: Sutter Medical Center SacramentoTelephone Number: 916-887-0000Address: 2825 Capital AvenueSacramento, CA 95816

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<u>Pediatric Critical Care Center⁷</u> <u>EDAP⁸</u> <u>PICU⁹</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Yolo County**Note:** Complete information for each facility by county. Make copies as needed.

Facility: UC Davis Medical Center
Address: 2315 Stockton Blvd.
Sacramento, CA 95817

Telephone Number: 916-734-2011

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Yolo County**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Mercy General Hospital
Address: 4001 J Street
Sacramento, CA 95819

Telephone Number: 916-453-4545

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		

¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Yolo County**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Methodist Hospital
Address: 7400 Hospital Dr
Sacramento, CA

Telephone Number: 844-208-0269

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Yolo County**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Mercy San Juan Hospital
 Address: 6501 Coyle Ave
Carmichael, CA 95608

Telephone Number: 916-537-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Yolo County**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Permanente Vacaville
Address: 1 Quality Drive
Vacaville, CA 95688

Telephone Number: 707-624-4000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIESCounty: Yolo County**Note:** Complete information for each facility by county. Make copies as needed.

Facility: North Bay Medical Center Telephone Number: 707-646-5000
 Address: 1200 B Gale Wilson Blvd.
Fairfield, CA 94533

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center²⁵ EDAP²⁶ PICU²⁷		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

²⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards²⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards²⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Yolo CountyReporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Onsite Medical</u>		Telephone Number: <u>916-932-2323</u>	
Address: <u>638 Cantrell Drive. Suite A-2</u>			
<u>Davis, CA 95616</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: _____	Number of students completing training per year:	
	Refresher: <u>N/A</u>	Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	_____
		Number of courses:	
		Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: <u>UC Davis Fire Department</u>		Telephone Number: <u>916-342-4537</u>	
Address: <u>325 Kleiber Hall Dr.</u>			
<u>Davis, CA 95616</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>\$</u>	Number of students completing training per year:	
	Refresher: <u>0</u>	Initial training:	<u>147</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	_____
		Number of courses:	
		Initial training:	<u>4</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Woodland Community College Telephone Number: _____
 Address: _____

Student Eligibility*: General Public **Program Level EMT
 Cost of Program:
 Basic: \$ _____
 Refresher: 0
 Number of students completing training per year:
 Initial training: 22
 Refresher: 0
 Continuing Education: 0
 Expiration Date: _____
 Number of courses:
 Initial training: 2
 Refresher: 0
 Continuing Education: 0

Training Institution: UC Davis Fire Department Telephone Number: 916-342-4537
 Address: 325 Kleiber Hall Dr.
 Davis, CA 95616

Student Eligibility*: General Public **Program Level Paramedic
 Cost of Program:
 Basic: \$ _____
 Refresher: 0
 Number of students completing training per year:
 Initial training: 0
 Refresher: 0
 Continuing Education: 0
 Expiration Date: _____
 Number of courses:
 Initial training: 0
 Refresher: 0
 Continuing Education: 0

TABLE 11: DISPATCH AGENCY

County: Yolo County Reporting Year: 2014-2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Yolo Emergency Communications Agency</u>	Primary Contact:	<u>Leah Goodwin</u>
Address:	<u>35 N. Cottonwood</u> <u>Woodland, CA 95695</u>		
Telephone Number:	<u>530-666-8900</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div style="display: flex; justify-content: space-between;"> <u>28</u> EMD Training <u> </u> EMT-D <u> </u> ALS </div> <div style="display: flex; justify-content: space-between;"> <u> </u> BLS <u> </u> LALS <u> </u> Other </div>
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u> </u>	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:	<u>City of Davis</u>	Primary Contact:	<u>Jennifer Candelo</u>
Address:	<u>530 5th St</u> <u>Davis, CA</u>		
Telephone Number:	<u>530-757-5681</u>		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <div style="display: flex; justify-content: space-between;"> <u>0</u> EMD Training <u> </u> EMT-D <u> </u> ALS </div> <div style="display: flex; justify-content: space-between;"> <u> </u> BLS <u> </u> LALS <u> </u> Other </div>
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u> </u>	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: DISPATCH AGENCY**County:** Yolo County **Reporting Year:** 2017-18**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>American Medical Response</u>		Primary Contact:	<u>Rich Silva</u>	
Address:	<u>1041 Fee Dr.</u>				
	<u>Sacramento, CA 95815</u>				
Telephone Number:	<u>800-913-9112</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>63</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Yolo County EMS Agency (YEMSA)
Area or subarea (Zone) Name or Title: Yolo County
Name of Current Provider(s): American Medical Response
Area or subarea (Zone) Geographic Description: Yolo County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Exclusive Operating Area as of March 1, 2014
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Emergency Ambulance Service of 9-1-1, 7-digit, ALS interfacility, and CCT
Method to achieve Exclusivity, if applicable (HS 1797.224): RFP was issued on July 1, 2013. Deadline for written questions July 12, 2013. Proposal conference August 2, 2013. Proposals due September 6, 2013. Proposal review period September 9 th 2013 – October 4 th , 2013. Notice of intent to award October 25 th , 2013. Negotiation period was October 28 th , 2013 – December 31, 2013. Protest deadline November 1, 2013. Agreement, implementation March 1, 2014. A five (5) year extension offer was sent to American Medical Response on July 15, 2017 in pursuant to section II.B of the EOA contract. The five (5) year extension offer was accepted by American Medical Response, and the five (5) year extension went to the County Board of Supervisors in February 2019, extending the contract until January 31, 2024.

YOLO COUNTY EOA AMBULANCE RESPONSE ZONES

Yolo County EOA Ambulance Response Zones

